

ORIGINAL
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ILLINOIS COMMERCE COMMISSION

(File this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No. _____
ICC Office Use Only

Please provide the appropriate information in the () areas in the heading below.

TeleCents Communications, Inc.
Application for a certificate of
local authority
to operate as a reseller and facilities
based carrier of telecommunications
services throughout the
State of Illinois.

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01-0523

CHIEF CLERK'S OFFICE

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ILLINOIS
COMMERCE COMMISSION

**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any)

FEIN # 38-3346124

TeleCents Communications, Inc.

Address: Street 8615 Richardson Road, Suite 200
City Walled Lake State/Zip Michigan, 48390

2. Authority Requested: (Mark all that apply) _____13-403 Facilities Based Interexchange

___x___13-404 Resale of Local and/or Interexchange

___x___13-405 Facilities Based Local

3. Request for waivers/variances: In applications for local exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting and explain why Applicant is requesting each waiver/variance.

___x___Part 710 Uniform System of Accounts for Telecommunications Carriers

____Part 735 Procedures Governing the Establishment of Credit, Billing,
Deposits, Termination of Service and Issuance of Telephone
Directories for Local Exchange Telecommunications Carriers in the
State of Illinois

___x___Section 735.180 Directories

____Other

4. For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:
- (a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document
 - (b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document;
 - (c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and
 - (d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document.

5. In what area of the state does the Applicant propose to provide service?

Ameritech exchanges

6. Please attach a sheet designating contact persons to work with Staff on the following:

- a) issues related to processing this application
- b) consumer issues
- c) customer complaint resolution
- d) technical and service quality issues
- e) "tariff" and pricing issues
- f) 9-1-1 issues
- g) security/law enforcement

Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address. **See Attachment A.**

7. Please check type of organization?

☐ Individual ☒ Corporation
☐ Partnership Date corporation was formed April 7, 1997
In what state? Michigan
☐ Other (Specify)

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois. **See Attachment B.**

9. List jurisdictions in which Applicant is offering service(s).

48 contiguous states (except Nebraska) and Hawaii **The company was issued a Certificate of Interexchange Authority in Docket No. 00-0377 entered on August 9, 2000.**

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

☐ YES (Please provide details) ☒ NO

11. Have there been any complaints or judgments levied against the Applicant in any other jurisdiction?

____ YES ___X___ NO

If YES, describe fully. _____

12. Has Applicant provided service under any other name?

____ YES ___X___ NO

If YES, please list. _____

13. Will the Applicant keep its books and records in Illinois? ____ YES ___X___ NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

Pursuant to Adm Code Part 250, Applicant hereby respectfully requests permission to keep its books and records in the State of Michigan at its principal place of business. Applicant will make such records available to the Commission upon request, and will reimburse the Commission for any necessary expenses to review such information.

MANAGERIAL

14. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms. **See Attachment C.**

15. List officers of Applicant.

Jeffrey P. Lauzon	President & Treasurer
Mark Lauzon	Vice-President
Cynthia Brown	Secretary

16. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? ____ YES ___X___ NO

If YES, list entity. _____

17. How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)

Applicant will bill on a monthly basis. Applicant's bills will include call detail information, and separate line items for all services and charges, including any monthly recurring charges, onetime charges, taxes or surcharges.

18. How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)

Service, billing and repair complaints can be reached through a toll-free number. If the customer is not satisfied with the complaint resolution, customer will be advised it can contact the Illinois Commerce Commission for resolution.

19. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? ☒ YES ☐ NO

20. What telephone number(s) would a customer use to contact your company?

(800) 899-8555

21. Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?

☒ YES ☐ NO

22. Please describe applicant's procedures to prevent slamming and cramming of customers?

For presubscribed service, the company will attempt to obtain a written letter of agency prior to implementing a carrier change and prior to commencing service. All marketing will be done in accordance with applicable state and federal regulations. All charges, including any monthly recurring charges, onetime charges, taxes or surcharges will be clearly disclosed.

23. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 735, 755, 756, 757, 770, and 772?

☒ YES ☐ NO (If no, please provide an explanation.)

24. Is Applicant aware that it must file tariffs prior to providing service in Illinois?

☒ YES ☐ NO

FINANCIAL

25. Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service. **See Attachment E.**

TECHNICAL

26. Does Applicant utilize its own equipment and/or facilities? ☒ YES ☐ NO

If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:

☐ Applicant does not currently have any equipment or facilities located in the State of Illinois.
See Attachment F for future plans in Illinois as a facilities-based provider.

If NO, which facility provider(s)'s services does the Applicant intend to use?

Ameritech


27. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).

Local service and data services

28. Will technical personnel be available at all times to assist customers with service problems?

☒ YES ☐ NO

29. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? _____ YES _____ NO NOT APPLICABLE



Jeffrey P. Lauzon
President

VERIFICATION

This application shall be verified under oath.

OATH

State of Michigan

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County of Oakland

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Jeffrey P. Lauzon makes oath and says that he/she is President

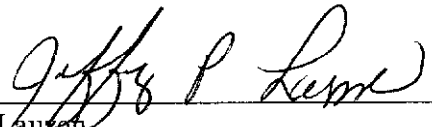
(Insert here the name of affiant)

(Insert the official title of the affiant)

of TeleCents Communications, Inc.

(Insert here the exact legal title or name of the Applicant)

that he/she has examined the foregoing application and that to the best of his/her knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.




Jeffrey P. Lauzon
President

Subscribed and sworn to before me, a Notary Public/

Maureen M. Korthas

(Title of person authorized to administer oaths)

in the State and County above named, this 27th day of June 2001.



MAUREEN M. KORTHAS
Notary Public, Oakland County, Michigan
My Commission Expires Nov. 17, 2003

(Signature of person authorized to administer oath)

List of Attachments

- A Designated Contact Persons
- B Articles of Incorporation and Certificate of Authority
- C Management & Technical Information
- D ITAC & UTAC Membership Forms
- E Financial Information
- F Network Information
- G Chart of Accounts